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AUTHOR Stich, Thomas F.; Sussman, Lewis R.
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ABSTRACT

According to a small study, Outward Bound can enhance the treatment of hospitalized psychiatric patients. Researchers measured the effect of a therapeutic Outward Bound program of prescribed physical and social tasks on the contentment and self-esteem of seven patients undergoing short-term treatment at the Veterans Administration Hospital in White River Junction, Vermont. After selection by the medical staff, the seven male patients, all between the ages of 25 and 50, participated in three weekly, 4-hour Outward Bound sessions that included a ropes course, rock climbs, and a rappel. Pre- and post-test results indicated a statistically significant effect of Outward Bound on contentment and a positive but statistically insignificant effect on self-esteem. Results of a comparison to a control group were insignificant. Effects of the Outward Bound program did not dissipate during treatment and the Outward Bound patients had a shorter mean stay in the hospital. A questionnaire and self-rating scale completed by 45% of the test group after four months confirmed the findings at the time of hospitalization. Further research is suggested. (SB)

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OUTWARD BOUND - AN ADJUNCTIVE PSYCHIATRIC THERAPY:

PRELIMINARY RESEARCH FINDINGS

Thomas F. Stich, M.S.
Lewis R. Sussman, M.A.

DEPARTMENT OF PSYCHIATRY, DARTMOUTH MEDICAL SCHOOL
HURRICANE ISLAND OUTWARD BOUND SCHOOL

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ABSTRACT

The authors report on the impact of an Outward Bound Program on the general contentment and self-esteem of seven hospitalized psychiatric patients undergoing short-term treatment. Patient scores on the Hudson Generalized Contentment Scale indicated a statistically significant positive effect due to the Outward Bound experiences. Patient responses on the Hudson Index of Self-Esteem, while not significant, indicated a trend toward increased self-esteem. While initial results are tentative, they are promising, and support continued and more detailed investigation in these areas. Of particular interest is the reduced length of stay from a mean length of thirty-two days for the control group compared to a mean length of twenty-three days for the Outward Bound group.

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BACKGROUND

Outward Bound, an experiential education institution which promotes self-growth through wilderness challenge, operates on the assumption that individual self-esteem grows with the successful completion of seemingly difficult tasks. Such stress/challenge experiences have demonstrated effectiveness in improving self-esteem (Shore 1977). As early as 1965 Loughmiller proposed that structured wilderness experiences would be an appropriate adjunctive psychiatric treatment. The Outward Bound Mental Health Project began in 1975 with a pilot project for disturbed adolescents at the Dartmouth-Hitchcock Mental Health Center (Kistler, et.al., 1977). Since then the project has evolved into a small on-going treatment option in two clinical settings of the Department of Psychiatry, Dartmouth Medical School. In this therapeutic context, Outward Bound consists of a series of prescribed physical and social tasks, where the presence of stress and uncertainty, and the need for problem solving, communication, and immediate judgment provide situational analogues (metaphors) for problematic areas in the patients' daily lives. Plakun, Tucker, and Harris (1981) studied fifty-two consecutive patients who participated in the Dartmouth-Hitchcock Mental Health Center Program in order to assess their expectations of improving their coping abilities as a result of Outward Bound. Their report suggests that Outward Bound successes provided relief from a pervasive sense of an inability to cope and low self-esteem.

This paper summarizes the findings of a study on the impact of Outward Bound experiences on the general contentment and self-esteem of short-term psychiatric patients treated at the Veterans Administration Hospital in White River Junction, Vermont.

METHODS

The Veterans Administration Hospital in White River Junction, Vermont, is a 20-bed diagnostic and short-term treatment psychiatric unit which offers therapy to patients in the Northern New England area. In the fall of 1979 an evaluation of these activities was initiated.

Patients were selected for Outward Bound from the general patient population by team consensus of: (a) resident physician; (b) nursing staff; (c) occupational therapist; (d) biofeedback technician. The final

recommendation was in the form of an order written in the patient's chart by the resident physician Patients had the right to refuse therapy and signed a consent form if they chose to attend. The only contraindications to participation were significant organic impairment, medical disability, active acute psychosis, and high suicidal ideation. Both the control and treatment groups were comprised of males ranging in age from twenty-five to fifty. Both groups were comprised predominantly of depressed patients, with one substance abuser and one somatic complainer in the Outward Bound group, and one sociopath in the control group. All the patients were involved in the full compliment of therapies available at the hospital.

The design of this study consisted of both within- and between-groups comparisons. The control group was comprised of seven patients who did not participate as there were no experiences scheduled for this ensuing three-week span. This phase was called Baseline A and weekly measures were obtained for each patient. The treatment group, selected according to the procedure noted above, was comprised of six patients who attended the weekly Outward Bound experience. This treatment phase consisted of a four-hour Outward Bound session, conducted once per week for three weeks. The format consisted of a ropes course, several rock climbs, and a rappel. Baseline B consisted of a four-hour recreational hike conducted once per week for three weeks.

In order to evaluate the impact of Outward Bound, self-report ratings were obtained from all patients in both the control and experimental phases. The self-report measures were the Hudson Generalized Contentment Scale and the Hudson Index of Self-Esteem. Both scales were administered pre- and post- the Outward Bound experience for those participants, and at comparable times for the control patients.

RESULTS

The major dependent measure was the patients' responses to the Generalized Contentment Scale. These scores indicated a statistically significant effect in the Outward Bound group ($p < .05$). Comparing patients' scores before and after the Outward Bound experience showed a definite improvement as assessed by this scale. In addition, this improvement appeared to be manifest throughout the whole treatment phase and did not dissipate between the last Outward Bound experience and discharge. The results of comparison of the treatment group and control group, while not statistically significant, were felt to be inconclusive since there was no control for individual differences among patients, nor for the timing of the Outward Bound experience within the patients' overall treatment scheme.

Results from the Hudson Index of Self-Esteem, while not statistically significant, do show a trend toward an increase in self-esteem. The mean for the treatment group was 71.1 prior to Outward Bound, and 58 after Outward Bound (lower scores indicate higher self-esteem). The mean for the control group was 59.9 at the beginning of the base-line period, and 52.5 at the end of this period. Thus, little change in self-esteem appeared to take place in the control groups assessed by the Hudson Index of Self-Esteem.

In addition to the above measures a follow-up questionnaire was sent to Outward Bound participants and control patients approximately four months after discharge. This self-report device asked patients a) if their Outward Bound experience ever came to mind and b) if it did, under what circumstances was it recalled. Regarding the former question, all patients reported that they had indeed thought of their Outward Bound experience during the course of their daily routine. Pertaining to the latter question, characteristic responses were: "When I feel like I cannot do something, I remember the time when I climbed the rocks." Interestingly, 45% of the participants responded to the questionnaire as compared with a normally expected response rate of 10%.

Patients were also asked to respond to a 7-point scale measuring the degree to which Outward Bound had increased or decreased their self-confidence (1 = decrease, 4 = remains the same, 7 = increase). Responses to this question indicated a slight increase in self-confidence. Thus, data obtained on this four-month follow-up are consistent with measures taken during the patients' hospitalization.

Finally, an important observation was made concerning length of hospitalization. Patients who participated in Outward Bound had a mean stay of 23 days, while those who had not participated had a mean of 32 days. At a hospitalization cost of approximately $250 per day per patient, this represents a possible saving of $2250 per patient per hospitalization, or $15,750 for the treatment group during this study.

DISCUSSION

The authors realized at the onset that any effect produced by Outward Bound would have to be extremely powerful to show a significant result in such a small sample (seven experimental subjects, seven control

subjects). Our intent was to establish a basis for further research; we feel we have accomplished this.

Overall, the findings reported here tentatively support the proposition that an Outward Bound program can enchance the treatment of an in-patient psychiatric population. This conclusion points toward further research using larger samples, and raises questions regarding the effects of increasing the duration and/or frequency of the Outward Bound experiences.

BIBLIOGRAPHY

Kistler, K.: Bryant, P., Tucker, G. "Outward Bound: Providing a Therapeutic Experience for Troubled Adolescents," Hospital and Community Psychiatry, 28: 807-812, 1977.

Loughmiller, C. Wilderness Road. Austin, Texas: Hogg Foundation for Mental Health, 1965.

Plakun, E.: Tucker, G.; Harris, P. "Outward Bound: An Adjunctive Psychiatric Therapy," Journal of Psychiatric Treatment and Evaluation, 3: 33037, 1981.

Shore, Arnold P. Outward Bound: A Reference Volume. Outward Bound, Inc., Greenwich, Connecticut, 1977.